

## Engagement and Observation in Mental Health Inpatient Units

**Summary** The Policy Directive Engagement & Observation in Mental Health Inpatient Units has been developed to identify a standardised approach to the allocation and review of observation levels within mental health inpatient units. The policy outlines the requirements of mental health clinicians in their undertaking of engagement and observation to inform ongoing care planning and clinical decisions.

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**Audience** Inpatient Mental Health Clinicians, Mental Health Directors, Directors of Clinical Governance

## ENGAGEMENT & OBSERVATION IN MENTAL HEALTH INPATIENT UNITS

### PURPOSE

The purpose of the policy is to identify the minimum requirements for mental health inpatient units relating to levels of observation. The policy will guide and direct clinicians in relation to their responsibilities pertaining to observation.

The aims of these requirements are to ensure that observation levels and engagement are adequate to assess and address the risk of harm to patients or others.

### MANDATORY REQUIREMENTS

The policy mandates the practice of assessments by Medical Officers to provide direction to nursing staff regarding the level and purpose of observation required for individual patients.

Nursing staff actively contribute to this assessment, and may increase the level of observation for a patient if required.

If a patient's observation level is increased by nursing staff due to clinical deterioration or concern, this must be escalated and result in a medical review as soon as possible.

The policy requires ongoing multidisciplinary reviews of observation and engagement levels for individual patients to ensure they are responsive to the needs of the consumer.

The outcomes of patient observation and engagements must be contemporaneously documented to inform the continuing and regular review of the observation level.

Observation levels must take into account other risk mitigation factors of the mental health inpatient unit such as ward programs, allied health programs and the clinical environment.

Local procedures must include an evaluation process that mandates audits of observation and engagement practice. These audits will include random inpatient unit visits.

Reports on the outcomes of these audits should be reported to the mental health director.

### IMPLEMENTATION

Chief Executives ensure that mental health directors are aware of the policy directive and have a timeframe for full implementation.

Mental health directors review local procedures and practices to determine alignment with this policy and if differences are found, local procedures are updated or developed that clearly outline mandated responsibilities for medical and nursing staff in accordance with this statewide policy.

Mental health directors ensure that an evaluation process is adhered to to ensure compliance to this policy.

Mental health directors ensure that all staff are aware of this policy and procedures which must include random inpatient unit visits and documentation audits.

## REVISION HISTORY

Version	Approved by	Amendment notes
July 2017 (PD2017_025)	Deputy Secretary, People, Culture and Governance	Initial document

## ATTACHMENTS

1. Engagement and Observation in Mental Health Inpatient Units: Procedures.

## Engagement and Observation in Mental Health Inpatient Units



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## **1 BACKGROUND**

### **1.1 About this document**

This policy identifies the minimum standards of observation and engagement to consumers within mental health inpatient units.

This policy replaces previous guidance on mental health nursing observations within the Suicide Risk Assessment and Management Protocols – Mental Health Inpatient Unit (NSW Department of Health, 2004).

The policy ensures that engagement and observation levels continue to assess and manage the risk or concern of harm to a consumer or others.

The policy enables a shared definition and understanding across NSW to improve consumer safety and focus upon consumer centred care.

Local procedures should be developed that align with the procedures, definitions and documentation requirements outlined within this policy.

The policy is relevant to all mental health clinicians involved in the engagement, observation, assessment and review of consumer's within NSW mental health inpatient units.

### **1.2 Key definitions**

#### **Observation**

Observation through engagement is the purposeful gathering of information from consumers to inform clinical decision making. It is the formal and objective assessment of a person's condition – physical, mental, social. Observation is not passive nor does it predominantly include watching consumers from a distance. Undertaking observations requires nurses to be person centred and engage therapeutically with inpatients.

Observations through engagement are for safety, protection from harm and maintenance of wellbeing. It provides an opportunity to develop rapport and contribute to ongoing assessment and recovery.

The purpose of observation is to provide optimum care, to escalate and manage deterioration in a timely way and to ensure safety of the environment in which the care is being provided.

Observation is indelibly linked with clinical assessment. Observation informs ongoing decisions about care and must be a continuous feature of the care of people in mental health inpatient units.

The principles of observation in mental health inpatient care include engaging with people during purposeful observation which actively contributes to comprehensive care. There are several principles that underlie the practice of observation:

- Observation is multifaceted
- Observation and assessment are interrelated

- Observation is grounded in therapeutic engagement with the person
- Appreciation of how inpatient environments influence behaviour
- Observations are communicated between colleagues
- There is a clear process of documentation that is timely and descriptive.

Ongoing engagement with the consumer, family and carers support shared decision making around continued observation and care planning

*Nursing Observation through engagement in psychiatric inpatient care, Victoria Department of Health, 2013.*

The following definitions of observation levels are designed to provide a common language and state wide understanding of the differing levels and requirements for the management of each observation level.

#### Level 1: Constant Observation

Arm's length: The most restrictive form of observation to mitigate the highest risk or concern for a consumer. At all times a nurse must be within one metre of the consumer; or

Visual: A highly restrictive form of observation to mitigate a consumer assessed at high risk of harm. At all times, the consumer must remain under the visual observation of a nurse.

Level 2: Observation every 15 minutes – this level of observation is significantly restrictive to mitigate risks for consumers who are assessed as being at a high level of concern. Nurses must regularly engage and randomly observe consumer's on this level at least every 15 minutes (at a minimum).

#### Level 3: Observation every 30 minutes

This level of observation should include random and regular checks of a consumer's location and activity within the unit at least every 30 minutes (at a minimum).

#### Level 4: Observation every hour

This level of observation should include random and regular checks of a consumer's location and activity within the unit at least every 60 minutes (at a minimum).

#### Level 5: Observation every two hours

This level of observation should include random and regular checks of the location and activity of the consumer every two hours (at a minimum).

### **1.3 Policy context**

This policy aligns with Standard 2 of the *National Standards for Mental Health Services, 2010*.

This policy supports the implementation of Standard 2: Safety which promotes the optimal safety and wellbeing of consumers in all mental health settings.

This Policy identifies the requirements of staff to regularly review the level of risk or concern related to a consumer and their level of observation. This policy does not relate to the Physical health care of consumers and/or physical observations required. Directives and Guidance for the Physical Health care of mental health consumers may be found in the Physical Healthcare within Mental Health Services Policy (PD2009\_027).

This policy is supported by the Transfer of Care from Mental Health Inpatients Policy (PD2016\_056); Aggression, Seclusion and Restraint in Mental Health Facilities Policy (PD2012\_035) and Clinical Care of People who may be Suicidal Policy (PD2016\_007).

Responsibilities and minimum requirements relating to observation of consumers during episodes of restraint and seclusion are attended to within the Policy Directive Aggression Seclusion and Restraint in Mental Health Facilities in NSW (PD2012\_035).

## **2 OBSERVATION AND ENGAGEMENT**

**2.1** Observation includes engagement with the consumer as well as visual observation.

**2.1.1** Consumer observation must be purposeful and include person centred engagement.

**2.1.2** Levels of observation must be allocated according to an individual's assessments and needs and not at set levels for a whole unit or a point of care (e.g. at admission).

**2.1.3** Staff allocating and maintaining observations should explain to the consumer their level of observation and the requirements relating to this level of observation to ensure engagement and participation of the consumer in their health care.

**2.2** A consumer's assessment, management and care plan need to reflect the multidisciplinary teams planning and inform the level of observation and engagement required for individual consumers.

Nurses must record the observation and engagement in the medical record. This documentation must include:

- the level of observation
- the observation and engagement undertaken
- assessment of the consumer's mental state



Consumer's identified as being at higher levels of concern or changeability require more frequent observation, engagement and assessment.

**2.3** Clinical handovers between multidisciplinary teams must include assessments of observation and engagement levels.

**2.4** Nursing clinical handover for each consumer must include the level of observation and the engagement and assessments undertaken to ensure a safe transfer of care and clear understanding of the plan for the receiving nurses.

**2.5** The Nursing Unit Manager (or delegate), along with the medical director (or delegate) are responsible for determining if the levels of observation set for all consumer's in that unit are appropriate, and are reviewed.

**2.6** Where there are insufficient nursing resources to undertake observation and engagement, the Nursing Unit Manager (or delegate) will escalate to the responsible Nurse Manager. Where avenues for staffing are exhausted a collaborative decision by the Nursing Unit Manager (or delegate) and local nursing administration will direct distribution of current resources while other arrangements are made.

### **3 NURSING SPECIFIC RESPONSIBILITIES**

**3.1** The Nursing Unit Manager or delegate is responsible for ensuring that all nursing staff are aware and able to fulfil their responsibilities for completing the agreed observation of all inpatients within the unit. This includes the prioritisation of observations within the unit and ensuring nurses are allocated and where required (e.g. Observation level 1, fatigue management, etc.) share the observation responsibilities.

**3.2** The Nursing Unit Manager or delegate must randomly review throughout a shift that observation levels are being undertaken and documented as prescribed.

**3.3** Nurses may at any time increase the level of observation for an individual consumer based on assessment or concern.

**3.4** This increase must be escalated to the responsible medical officer and/or through nursing management and result in a medical review as soon as practicable in line with local clinical deterioration procedures.

**3.5** Documentation of observations are to be recorded on locally developed forms that align with the requirements of this policy. Each Level of Observation (i.e. 1, 2, 3, 4 and 5) will require a separate form. These forms must form part of the consumer's medical record when completed.

**3.6** Engagement and assessment must be recorded contemporaneously in the medical record in line with the documentation requirements listed within this policy.

**3.7** Tick box observation forms must not be used because they do not adequately document the consumer's level of risk or record the observation.

**3.8** The Observation form must allow the nurse to document the actual time the observation took place and clearly identify the nurse completing the observation.

**3.9** Minimum observations documented on the observation form must include the consumer's location and activity at the time of being seen.

**3.10** The medical record will reflect the engagement with the consumer and the resulting assessment.

**3.11** The documentation of each engagement and assessment must be inclusive of the consumers' mental state, current risks and concerns (both subjective and objective), interactions with staff and other persons, and be reflective of the targeted rationale for observation.

**3.12** Observations must be conducted regularly according to the assessment of the level of risk or concern. It is recommended that staff occasionally undertake additional rounds between the prescribed times so that consumers cannot discern a pattern/set routine. The risk of set routines in observation is that a consumer may harm themselves, or others, between regular and predictable observation times.

**3.13** Where an observation has been missed, the reason must be documented on the consumers observation form by the responsible nurse.

**3.14** The observation level, engagement and resulting assessments of each consumer must form part of each clinical handover.

## **4 MEDICAL OFFICER RESPONSIBILITIES**

**4.1** Assessments must be conducted and documented by medical officers to determine the level of observation required for individual consumers. Decisions should be made with the multidisciplinary team, consumer and where possible the family and or carers to ensure collective input and decision making.

**4.2** Active feedback to the consumer, family and carers regarding observation levels and assessment ensures ongoing and collective engagement of all parties within care planning.

**4.3** The level of observation, its rationale and reviews of the level of observation must be clearly documented by the responsible medical officer within the medical record so clinicians may easily identify the level of observation and the ongoing targeted nursing assessments required as part of this observation level.

**4.4** Only medical officers may reduce an observation level, this should occur in consultation with the multidisciplinary team.

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**4.5** Once an observation level is allocated or changed, the management and care plans must indicate the level of observation and direction to nursing staff. This direction should include what should be targeted in ongoing engagement and assessment.

**4.6** All decisions regarding the allocation or changes to observation levels must be documented within the medical record by the responsible medical officer.

**4.7** Observation levels will take into account other risk mitigation factors of the local environment such as ward programs, physical environment, allied health or peer programs etc.

## 5 LEVELS OF OBSERVATION

Level	Description of level of supervision	Documentation requirements	Review
Level 1 - Constant Observations (Arms Length)	<p>At all times a nurse must be within one metre of the consumer.</p> <p>Assessment of the safety of the consumer and nursing staff must be taken into account when allocating this level of observation.</p> <p>The observation of a consumer on this level should where possible be inclusive of gender and culturally appropriate allocation of nursing staff.</p> <p>This level of observation requires a skilled and knowledgeable nurse as the indication and outcome of this level of observation is constant assessment.</p> <p>A consumer on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical record.</p> <p>This level of observation is supported through four contemporaneous documented assessments per shift through the outcome of active engagement by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented by the medical officer/multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the consumer's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented within the medical record.</p>	<p>At least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.</p>
Level 1 - Constant Observations (Visual)	<p>At all times the consumer must be within the line of sight of the nurse responsible for undertaking the observation.</p> <p>This level of observation requires a skilled and knowledgeable nurse as the indication and outcome of this level of</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical record.</p> <p>This level of observation is supported through four contemporaneous documented assessments per shift through the outcome of active engagement</p>	<p>At least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.</p>

	<p>observation is constant assessment.</p> <p>The observation of consumers on this level should where possible be inclusive of gender and culturally appropriate allocation of nursing staff.</p> <p>Consumers on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.</p>	<p>by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented by the medical officer/ multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the patient's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented within the medical record.</p>	
<p>Level 2 - 15 Minute Observations</p>	<p>This level of observation should only be used infrequently due to:</p> <ul style="list-style-type: none"> <li>the challenge it poses to regular engagement.</li> <li>the pattern of this observation becoming easily identifiable by consumer's who may use the time between observation opportunistically and impulsively.</li> </ul> <p>Therefore, this level may be used as a step down from Level 1 observations or a step up from Level 3.</p> <p>Should escalation from Level 3 to Level 2 be instigated by nursing staff, discussion with the Nursing Unit Manager (or delegate) and medical officer should occur immediately to assess whether an</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical record.</p> <p>This level of observation is supported through four contemporaneous documented assessments per shift through the outcome of active engagement by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented by the medical officer/ multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the patient's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented</p>	<p>At least daily by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.</p>

	<p>observation Level 1 is required to mitigate the identified risk or concerns.</p> <p>This level of observation should include random and regular checks of a consumer's location and activity within the unit at least every 15 minutes.</p> <p>The nursing staff should check the location and action of the person preceding and following the point of nursing handover.</p> <p>Consumers on this level of observation should not be allocated leave from the unit unless the purpose of leaving the unit is to attend to medical care/treatment.</p> <p>Consumers on this level of observation should be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.</p>	<p>within the medical record.</p>	
<p>Level 3 - 30 Minute Observations</p>	<p>This level of observation should include random and regular checks by nursing staff of a consumer's location and activity within the unit at least every 30 minutes.</p> <p>The nursing staff should check the location and action of the person preceding and following the point of nursing handover.</p> <p>Periods of inpatient leave are to be inline</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical record.</p> <p>This level of observation is supported through two contemporaneous documented assessments per shift through the outcome of active engagement by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented</p>	<p>At least weekly, led by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.</p>

	<p>and compliant to directives within the appropriate NSW Policy Directive.</p> <p>Consumers on this level of observation should be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.</p>	<p>by the medical officer/ multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the patient's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented within the medical record.</p>	
Level 4 - Hourly Observations	<p>This level of observation should include random and regular checks by nursing staff of a consumer's location and action within the unit at least every 60 minutes.</p> <p>The nursing staff should check the location and action of the person preceding and following the point of nursing handover.</p> <p>Periods of inpatient leave are to be inline and compliant to directives within the appropriate NSW Policy Directive</p> <p>Consumers on this level of observation should be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical record.</p> <p>This level of observation is supported through a contemporaneous documented assessment per shift through the outcome of active engagement by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented by the medical officer/ multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the patient's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented within the medical record.</p>	<p>At least weekly, led by the responsible medical officer in collaboration with the Nursing Unit Manager or delegate.</p>
Level 5 - Two Hourly	<p>Consumers on this level of observation are considered by the treating team to be</p>	<p>Contemporaneous documentation must be undertaken by nursing staff within the medical</p>	<p>At least weekly, led by the responsible medical officer</p>

<p>Observations</p>	<p>at minimal risk.</p> <p>Consumers on this level of observation should be actively engaged in the unit program and as a result, regularly seen and engaged with throughout each shift by multiple clinicians.</p> <p>The nursing staff should check the location and action of the person preceding and following the point of nursing handover and at least every two hours.</p> <p>Periods of inpatient leave are to be inline and compliant to directives within the appropriate NSW Policy Directive)</p>	<p>record.</p> <p>This level of observation is supported through a contemporaneous documented assessment per shift through the outcome of active engagement by nursing staff.</p> <p>The assessment must be targeted to reflect the management/care plan directed and documented by the medical officer/ multidisciplinary team with a purpose to inform ongoing review of the observation level.</p> <p>During all periods where a consumer is asleep, the nursing staff must be able to view the patient's respiratory rate, activity during sleep/night hours (e.g. awake, asleep, laying on side, snoring etc.) and this be contemporaneously documented within the medical record.</p>	<p>in collaboration with the Nursing Unit Manager or delegate.</p>
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## **6 SERVICE / DISTRICT LEVEL POLICES AND REVIEWS OF EFFECTIVENESS**

**6.1** Local procedures are to be developed which include the directions within this policy.

**6.2** The local procedure should clearly outline the importance and purpose of overnight nursing observations and balance the consumer's need for sleep hygiene with safety.

**6.3** The local procedure must outline the minimum standard of documentation relating to night time observations in relation to description and respiration as identified within this policy.

**6.4** Services must ensure that observations are undertaken effectively.

**6.5** Random inpatient unit visits and documentation audits should be conducted to ensure that observations and regular engagement are being undertaken effectively. The results of these audits will form an ongoing component to the monitoring and evaluation of this Policy Directive. Services must build the capacity of their workforce to ensure that observations are:

- a. Grounded in therapeutic engagement that is facilitated through empathy and understanding of a persons lived experience
- b. Conducted in a way that fosters a therapeutic relationship between nurses and the people for whom they provide care.

## **7 LIST OF ATTACHMENTS**

Attachment 1: Implementation Plan – Engagement and Observation within Mental Health Inpatient Units



## Engagement & Observation in Mental Health Inpatient Units Policy

### IMPLEMENTATION PLAN

## Introduction

NSW Health is committed to providing safe and effective care to consumers within mental health inpatient units. To support this, the Policy Directive *Engagement and Observation in Mental Health Inpatient Units* has been developed to provide a consistent language and expectation surrounding the ongoing assessment of mental health consumers in mental health inpatient units. The Policy Directive guides the application of observation levels reflective of the changing needs of individual consumers which is supported through timely review and contemporaneous documentation.

To ensure a consistent application of the NSW Health Policy Directive *Engagement and Observation in Mental Health Inpatient Units*, the Ministry of Health has developed an implementation plan (The Plan). The Plan is to provide Districts and Networks, with mental health inpatient units, guidance relating to the enactment of this policy and processes to provide timely evidence that the mandates within this Policy Directive have been accommodated into practices of mental health units across NSW Health.

Potential barriers identified that may impede the successful implementation of the policy include:

- Lack of awareness of the new policy by responsible managers and clinicians
- Lack of buy in by managers and clinicians
- Reliance on clinicians to take the lead with implementation
- Long standing culture of observation within mental health units being a primarily “visual checking” of a consumers location
- Not supporting a change from existing language and expectations surrounding local procedures for observation within mental health inpatient units to the new Policy Directive

The Plan sets out a number of actions to support the successful implementation of the policy throughout NSW Health.

The Plan will assist in delivering:

- Local engagement and ownership
- Communication to all clinical staff to develop a shared understanding of its purpose
- Assurance of local procedure development
- A feedback process to provide local evidence of implementation
- A feedback process to evaluate and review the Policy Directive

## Strategies to deliver the objectives of the Policy Directive

	Actions	Target Group	Outcome	Who	When
<b>Accessibility</b>	Policy published through the policy distribution system.	All mental health inpatient clinicians	Policy is accessible via the NSW Health website	Ministry of Health	July 2017
<b>Commitment</b>	Letter to Mental Health Directors and Local Health District Directors of Nursing & Midwifery from the Chief Nursing & Midwifery Officer and Director of the Mental Health Branch introducing the policy and confirming NSW Health's commitment to safe and effective healthcare within mental health inpatient units	Mental Health Directors  Local Health District Directors of Nursing & Midwifery	Stated leadership commitment	Ministry of Health	July 2017
<b>Communication</b>	Information relating to the release of the policy and local implementation strategy via a number of differing communication options	Mental Health Managers, and Clinicians	All responsible staff are introduced to the policy and the local implementation plan	Health Organisations	July 2017
<b>Local engagement &amp; ownership</b>	Local Health Districts/Speciality Networks to nominate an individual responsible for implementing the policy within the organisation	Health Organisations	Targeted implementation plans and ownership. Identification of a single point of contact between the Ministry and LHD/SN	Health Organisations	July 2017
<b>Monitoring</b>	State Wide Audit process of the Policy Implementation and outcomes	Health Organisations	Process to identify implementation status and evidence of local procedural documents.	Ministry of Health	Quarterly submission to Nursing & Midwifery Office
	Local Implementation	Health Organisations	Process to identify local implementation status	Health Organisations	Monthly until complete implementation of Policy Directive
<b>Evaluation &amp; Review</b>	Use of Audit results and final report of the Chief Psychiatrist Review of Seclusion, restraint and Observation of patients with a mental illness in NSW Health facilities	Health organisations	Evidence based improvement to the policy	Ministry of Health	Ongoing